

216021934  
100637

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 7

2	Total Number of Vehicles	Local No./ District 196	Agency Case No. B6-047554	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/30/2016		TIME OF ACCIDENT 1349	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1350	Amended	
B	86	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. HWY 6			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	06/03/2016
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. 6	LATITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
V1/M	10	NAME OF INTERSECTING ROADWAY				
V2/M	01	164.00				
E	2	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
F	1	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN				
G	4	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b				
H	2	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO				
I	1	VEHICLE NO. 1				
J	01	DRIVER LICENSE NO. G02138902				
K	01	STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
L	01	DRIVER ROACHELLE J BRAY				
M	01	PHONE 4024673150				
N	01	LOCAL NO.				
O	01	DRIVER ADDRESS CITY, STATE, ZIP				
P	01	10500 N 84TH ST RR3, LINCOLN, NE 68517				
Q	01	DATE OF BIRTH (MM / DD / YYYY) 07/17/1960				
R	01	OWNER ROACHELLE J BRAY				
S	01	PHONE 4024673150				
T	01	LOCAL NO.				
U	01	OWNER ADDRESS CITY, STATE, ZIP				
V	01	10500, N 84, LINCOLN, NE 68517				
W	01	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO				
X	01	CITATION NO. LB511502				
Y	01	LICENSE PLATE PA NO. STR569				
Z	01	YEAR (Plate Expires) 2017				
AA	01	STATE (Of Plate) NE				
AB	01	VEHICLE 1993				
AC	01	MAKE Buick				
AD	01	MODEL CSP				
AE	01	BODY STYLE 4 door Sedan				
AF	01	COLOR blue				
AG	01	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000				
AH	01	VEHICLE ID NO. (VIN) 1G4AG55N9P6455157				
AI	01	INSURANCE COMPANY ALL STATE				
AJ	01	TOWED TO				
AK	01	TOWED BY				
AL	01	POLICY NO. 985621181				
AM	01	VEHICLE NO. 2				
AN	01	DRIVER LICENSE NO. V00308947				
AO	01	STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
AP	01	DRIVER BRYAN K UEHLING				
AQ	01	PHONE 4024167492				
AR	01	LOCAL NO.				
AS	01	DRIVER ADDRESS CITY, STATE, ZIP				
AT	01	3220 N 44TH ST, LINCOLN, NE 68504				
AU	01	DATE OF BIRTH (MM / DD / YYYY) 02/21/1967				
AV	01	OWNER BRYAN UEHLING				
AW	01	PHONE 4024167492				
AX	01	LOCAL NO.				
AY	01	OWNER ADDRESS CITY, STATE, ZIP				
AZ	01	3220 N 44TH ST, LINCOLN, NE 68504				
BA	01	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO				
BB	01	CITATION NO.				
BC	01	LICENSE PLATE MC NO. TEM938				
BD	01	YEAR (Plate Expires) 2016				
BE	01	STATE (Of Plate) NE				
BF	01	VEHICLE 2008				
BG	01	MAKE Triumph				
BH	01	MODEL RCT				
BI	01	BODY STYLE Motorcycle & d				
BJ	01	COLOR red				
BK	01	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000				
BL	01	VEHICLE ID NO. (VIN) SMT05LR78J357512				
BM	01	INSURANCE COMPANY PROGRESSIVE				
BN	01	TOWED TO				
BO	01	TOWED BY				
BP	01	POLICY NO. 566460352				
BQ	01	VEHICLE NO. 3				
BR	01	DRIVER LICENSE NO. V00308947				
BS	01	STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
BT	01	DRIVER BRYAN K UEHLING				
BU	01	PHONE 4024167492				
BV	01	LOCAL NO.				
BW	01	DRIVER ADDRESS CITY, STATE, ZIP				
BX	01	3220 N 44TH ST, LINCOLN, NE 68504				
BY	01	DATE OF BIRTH (MM / DD / YYYY) 02/21/1967				
BZ	01	OWNER BRYAN UEHLING				
CA	01	PHONE 4024167492				
CB	01	LOCAL NO.				
CC	01	OWNER ADDRESS CITY, STATE, ZIP				
CD	01	3220 N 44TH ST, LINCOLN, NE 68504				
CE	01	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO				
CF	01	CITATION NO.				
CG	01	LICENSE PLATE MC NO. TEM938				
CH	01	YEAR (Plate Expires) 2016				
CI	01	STATE (Of Plate) NE				
CJ	01	VEHICLE 2008				
CK	01	MAKE Triumph				
CL	01	MODEL RCT				
CM	01	BODY STYLE Motorcycle & d				
CN	01	COLOR red				
CO	01	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000				
CP	01	VEHICLE ID NO. (VIN) SMT05LR78J357512				
CQ	01	INSURANCE COMPANY PROGRESSIVE				
CR	01	TOWED TO				
CS	01	TOWED BY				
CT	01	POLICY NO. 566460352				
CU	01	VEHICLE NO. 4				
CV	01	DRIVER LICENSE NO. V00308947				
CW	01	STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
CV	01	DRIVER BRYAN K UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	DRIVER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	DATE OF BIRTH (MM / DD / YYYY) 02/21/1967				
CV	01	OWNER BRYAN UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	OWNER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO				
CV	01	CITATION NO.				
CV	01	LICENSE PLATE MC NO. TEM938				
CV	01	YEAR (Plate Expires) 2016				
CV	01	STATE (Of Plate) NE				
CV	01	VEHICLE 2008				
CV	01	MAKE Triumph				
CV	01	MODEL RCT				
CV	01	BODY STYLE Motorcycle & d				
CV	01	COLOR red				
CV	01	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000				
CV	01	VEHICLE ID NO. (VIN) SMT05LR78J357512				
CV	01	INSURANCE COMPANY PROGRESSIVE				
CV	01	TOWED TO				
CV	01	TOWED BY				
CV	01	POLICY NO. 566460352				
CV	01	VEHICLE NO. 5				
CV	01	DRIVER LICENSE NO. V00308947				
CV	01	STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
CV	01	DRIVER BRYAN K UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	DRIVER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	DATE OF BIRTH (MM / DD / YYYY) 02/21/1967				
CV	01	OWNER BRYAN UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	OWNER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO				
CV	01	CITATION NO.				
CV	01	LICENSE PLATE MC NO. TEM938				
CV	01	YEAR (Plate Expires) 2016				
CV	01	STATE (Of Plate) NE				
CV	01	VEHICLE 2008				
CV	01	MAKE Triumph				
CV	01	MODEL RCT				
CV	01	BODY STYLE Motorcycle & d				
CV	01	COLOR red				
CV	01	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000				
CV	01	VEHICLE ID NO. (VIN) SMT05LR78J357512				
CV	01	INSURANCE COMPANY PROGRESSIVE				
CV	01	TOWED TO				
CV	01	TOWED BY				
CV	01	POLICY NO. 566460352				
CV	01	VEHICLE NO. 6				
CV	01	DRIVER LICENSE NO. V00308947				
CV	01	STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
CV	01	DRIVER BRYAN K UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	DRIVER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	DATE OF BIRTH (MM / DD / YYYY) 02/21/1967				
CV	01	OWNER BRYAN UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	OWNER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO				
CV	01	CITATION NO.				
CV	01	LICENSE PLATE MC NO. TEM938				
CV	01	YEAR (Plate Expires) 2016				
CV	01	STATE (Of Plate) NE				
CV	01	VEHICLE 2008				
CV	01	MAKE Triumph				
CV	01	MODEL RCT				
CV	01	BODY STYLE Motorcycle & d				
CV	01	COLOR red				
CV	01	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000				
CV	01	VEHICLE ID NO. (VIN) SMT05LR78J357512				
CV	01	INSURANCE COMPANY PROGRESSIVE				
CV	01	TOWED TO				
CV	01	TOWED BY				
CV	01	POLICY NO. 566460352				
CV	01	VEHICLE NO. 7				
CV	01	DRIVER LICENSE NO. V00308947				
CV	01	STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
CV	01	DRIVER BRYAN K UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	DRIVER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	DATE OF BIRTH (MM / DD / YYYY) 02/21/1967				
CV	01	OWNER BRYAN UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	OWNER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO				
CV	01	CITATION NO.				
CV	01	LICENSE PLATE MC NO. TEM938				
CV	01	YEAR (Plate Expires) 2016				
CV	01	STATE (Of Plate) NE				
CV	01	VEHICLE 2008				
CV	01	MAKE Triumph				
CV	01	MODEL RCT				
CV	01	BODY STYLE Motorcycle & d				
CV	01	COLOR red				
CV	01	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000				
CV	01	VEHICLE ID NO. (VIN) SMT05LR78J357512				
CV	01	INSURANCE COMPANY PROGRESSIVE				
CV	01	TOWED TO				
CV	01	TOWED BY				
CV	01	POLICY NO. 566460352				
CV	01	VEHICLE NO. 8				
CV	01	DRIVER LICENSE NO. V00308947				
CV	01	STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
CV	01	DRIVER BRYAN K UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	DRIVER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	DATE OF BIRTH (MM / DD / YYYY) 02/21/1967				
CV	01	OWNER BRYAN UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	OWNER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO				
CV	01	CITATION NO.				
CV	01	LICENSE PLATE MC NO. TEM938				
CV	01	YEAR (Plate Expires) 2016				
CV	01	STATE (Of Plate) NE				
CV	01	VEHICLE 2008				
CV	01	MAKE Triumph				
CV	01	MODEL RCT				
CV	01	BODY STYLE Motorcycle & d				
CV	01	COLOR red				
CV	01	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000				
CV	01	VEHICLE ID NO. (VIN) SMT05LR78J357512				
CV	01	INSURANCE COMPANY PROGRESSIVE				
CV	01	TOWED TO				
CV	01	TOWED BY				
CV	01	POLICY NO. 566460352				
CV	01	VEHICLE NO. 9				
CV	01	DRIVER LICENSE NO. V00308947				
CV	01	STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
CV	01	DRIVER BRYAN K UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	DRIVER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	DATE OF BIRTH (MM / DD / YYYY) 02/21/1967				
CV	01	OWNER BRYAN UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	OWNER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO				
CV	01	CITATION NO.				
CV	01	LICENSE PLATE MC NO. TEM938				
CV	01	YEAR (Plate Expires) 2016				
CV	01	STATE (Of Plate) NE				
CV	01	VEHICLE 2008				
CV	01	MAKE Triumph				
CV	01	MODEL RCT				
CV	01	BODY STYLE Motorcycle & d				
CV	01	COLOR red				
CV	01	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000				
CV	01	VEHICLE ID NO. (VIN) SMT05LR78J357512				
CV	01	INSURANCE COMPANY PROGRESSIVE				
CV	01	TOWED TO				
CV	01	TOWED BY				
CV	01	POLICY NO. 566460352				
CV	01	VEHICLE NO. 10				
CV	01	DRIVER LICENSE NO. V00308947				
CV	01	STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
CV	01	DRIVER BRYAN K UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	DRIVER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	DATE OF BIRTH (MM / DD / YYYY) 02/21/1967				
CV	01	OWNER BRYAN UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	OWNER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO				
CV	01	CITATION NO.				
CV	01	LICENSE PLATE MC NO. TEM938				
CV	01	YEAR (Plate Expires) 2016				
CV	01	STATE (Of Plate) NE				
CV	01	VEHICLE 2008				
CV	01	MAKE Triumph				
CV	01	MODEL RCT				
CV	01	BODY STYLE Motorcycle & d				
CV	01	COLOR red				
CV	01	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000				
CV	01	VEHICLE ID NO. (VIN) SMT05LR78J357512				
CV	01	INSURANCE COMPANY PROGRESSIVE				
CV	01	TOWED TO				
CV	01	TOWED BY				
CV	01	POLICY NO. 566460352				
CV	01	VEHICLE NO. 11				
CV	01	DRIVER LICENSE NO. V00308947				
CV	01	STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
CV	01	DRIVER BRYAN K UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	DRIVER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	DATE OF BIRTH (MM / DD / YYYY) 02/21/1967				
CV	01	OWNER BRYAN UEHLING				
CV	01	PHONE 4024167492				
CV	01	LOCAL NO.				
CV	01	OWNER ADDRESS CITY, STATE, ZIP				
CV	01	3220 N 44TH ST, LINCOLN, NE 68504				
CV	01	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO				
CV	01	CITATION NO.				
CV	01	LICENSE PLATE MC NO. TEM938				
CV	01	YEAR (Plate Expires) 2016				
CV	01	STATE (Of Plate) NE				
CV	01	VEHICLE 2008				
CV	01	MAKE Triumph				
CV	01	MODEL RCT				

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

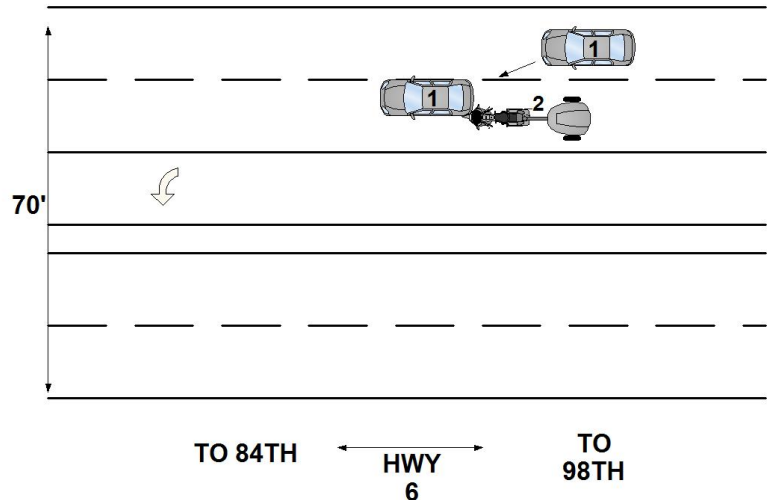
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-047554**



**NOT TO SCALE**  
**POI 17'3" S OF N OF HWY 6**  
**164'7" E OF E OF 84TH**

SKID MARKS FROM V-2 112' LONG



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver of V-1 said she was west on HWY 6 in the middle lane. D-1 said she slowed and possibly stopped, waiting for the chance to get into the left turn lane. D-1 said at least 5 cars went past her and traffic was very fast in the left turn lane. D-1 said V-2 just collided with the rear of her vehicle. Witnesses- Fritz, Addison, Weber, said V-1 was west bound, in the outside lane, driving very slow, trying to switch lanes. These witnesses said V-1 changed lanes right in front of V-2, and V-2 was straight ahead, west on HWY 6 in the middle lane. Fritz said he was driving ahead of V-2 and V-1 almost hit his vehicle too. Addison said he was behind V-1 when she was in the outside lane, driving very slow and he had to drive on the shoulder to go around her. Fritz estimated V-1 to be travelling at 15mph. Osman said she was west on HWY 6 in the left turn lane, she thought V-2 was behind her. Osman said she saw that V-1 was to her right. Osman said she ...

PROPERTY	OBJECT DAMAGED <b>2015 LEASURE TR</b>	OWNER NAME <b>BRYAN UEHLING</b>	ADDRESS <b>3220 N 44, LINCOLN, NE 68504</b>	PHONE <b>4024167492</b>	APPROX. COST OF DAMAGE <b>\$ 300</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
WITNESSES	NAME <b>STAN FRITZ 3725 J, LINCOLN, NE 68510</b>				PHONE <b>4026502373</b>
	NAME <b>NIEMA OSMAN 6610 VINE, LINCOLN, NE 68505</b>				PHONE <b>4026135536</b>

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS													
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																				
1				X	HWY 6				VEHICLE 1				VEHICLE 2																
2				X	HWY 6				VEHICLE 1				VEHICLE 2																
1	03				06 Turning left				POINT OF IMPACT				06				POINT OF IMPACT				01								
2	01				08 Entering traffic lane				MOST DAMAGED AREA				06				MOST DAMAGED AREA				01								
01 Essentially straight ahead					09 Leaving traffic lane					00 None					02					03					04				
02 Backing					10 Parked					09 Top & windows					01					05					06				
03 Changing lanes					11 Slowing or stopped in traffic					10 Undercarriage					08					07					06				
04 Overtaking/ Passing					12 Other					11 Total (all areas)																			
05 Turning right					13 Unknown					12 Other																			
OFFICER NO. <b>1391</b>					TROOP/ TEAM/ BEAT <b>3</b>					DEPARTMENT <b>Lincoln Police Department</b>										Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
INVESTIGATOR NAME (Print or Type) <b>Frank Foster</b>					INVESTIGATOR SIGNATURE <b>Approved by Officer Frank Foster</b>					DATE OF REPORT <b>06/03/2016</b>																			



# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B6-047554

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	JOSEPH ADDISON	4914 CAPITOL AVE #5, OMAHA, NE 68132			4025783707
WITNESSES	NAME	ADDRESS			PHONE
	MAGGIE WEBER	822 N 42ND, OMAHA, NE 68131			7123103645
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1391		3	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Frank Foster			Approved by Officer Frank Foster		06/03/2016

216021934  
100637

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report

Sheet 5 of 7

Local No./  
District 196

Agency  
Case No. B6-047554

STATE USE ONLY

Amended

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

05/30/2016

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. HWY 6

VEH. #	VEHICLE NO.		VEH. #	
	DRIVER LICENSE NO.	STATE (Of License)	SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER		PHONE	LOCAL NO.
N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)
O	OWNER		PHONE	LOCAL NO.
P	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO
Q	LICENSE PLATE NO.	YEAR	MAKE	MODEL
	VEHICLE	YEAR	MAKE	MODEL
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	TOWED TO		TOWED BY	POLICY NO.

VEH. #	VEHICLE NO.		VEH. #	
	DRIVER LICENSE NO.	STATE (Of License)	SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER		PHONE	LOCAL NO.
N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)
O	OWNER		PHONE	LOCAL NO.
P	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO
Q	LICENSE PLATE NO.	YEAR	MAKE	MODEL
	VEHICLE	YEAR	MAKE	MODEL
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	TOWED TO		TOWED BY	POLICY NO.

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS				VEH		VEH									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE				VEHICLE				VEHICLE				VEHICLE				ALCOHOL TESTING				Driver No.		Driver No.	
									POINT OF IMPACT				POINT OF IMPACT												ALCOHOL LEVEL TESTED				Y		Y	
									MOST DAMAGED AREA				MOST DAMAGED AREA												BAC LEVEL							
									01 Essentially straight ahead				02 Deployed - front				1 None used - vehicle occupant								ALCOHOL/ DRUGS SUSPECTED				Driver No.		Driver No.	
									02 Backing				2 Deployed - side				2 Lap & shoulder belt used								1 Neither alcohol nor drugs suspected							
									03 Changing lanes				3 Deployed - both front/side				3 Shoulder belt only used								2 Yes - alcohol suspected							
									04 Overtaking/ Passing				4 Not deployed				4 Lap belt only used								3 Yes - drugs suspected							
									05 Turning right				5 Not applicable/ No airbag available				5 Child safety seat used								4 Yes - alcohol & drugs suspected							
									06 Turning left				6 Unknown				6 Costume helmet used								5 Unknown							
									07 Making U-turn								7 DOT approved helmet used															
									08 Entering traffic lane								8 Restraint use unknown															
									09 Leaving traffic lane																							
									10 Parked																							
									11 Slowing or stopped in traffic																							
									12 Other																							
									13 Unknown																							

Complete this section for all injured persons

VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
							Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.				
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
							Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.				
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
							Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.				

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B6-047554

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	SHAWN WILSON	8315 SANDALWOOD DR, LINCOLN, NE 68510			4028057135
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1391		3	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Frank Foster			Approved by Officer Frank Foster		06/03/2016

**100637**

**State of Nebraska**

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 7 of 7

Local No./ District	196
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Agency	
Case	
No.	B6-047554

STATE USE ONLY

Amended

DATE OF ACCIDENT (MM / DD / YYYY)

05/30/2016

PLACE OF ACCIDENT
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COUNTY

Lancaster

CITY Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

HWY 6

thought V-1 entered V-2's lane and cut him off. Osman said she did not actually see the accident, she heard it and looked in her mirror and the motorcycle was on the ground. Witnesses also stated the traffic light for west bound traffic was green. D-2 said he was west on HWY 6, middle lane and V-1 entered his lane, cutting him off and then V-1 stopped in front of him. D-2 said the west bound traffic light was green when this happened. D-2 tried to stop and applied the brakes, there was a skid mark 112' long leading up to the point of impact. The point of rest of the bike and trailer was 40' east of the end of the skid mark.

OFFICER NO.

1391

TROOP/  
TEAM/  
BEAT 3

3

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

INVESTIGATOR SIGNATURE

Frank Foster

Approved by Officer Frank Foster

DATE OF  
ACCIDENT

06/03/2016